



## Step 5 Fax Attachment(s)

Note: Information used to complete examples is fictitious.

Attachment(s) options

If you select **I will be faxing attachment(s) now**, you must fax your attachments immediately after submitting the eTAR.

☐ I will be faxing attachment(s) now

☐ I will be faxing attachment(s) (within 8 hours)

Select **I will be faxing attachment(s) now** or **I will be faxing attachment(s) (within 8 hours)**.

**FAX**

If you select **I will be faxing attachment(s) (within 8 hours)**, you must fax your attachments within eight hours of submitting your eTAR.

Request (TAR) – Attachment Form as the FAX cover sheet when FAXing eTAR attachments.

To order additional TAR 3, Treatment Authorization Request (TAR) – Attachment Forms please call: (800) 541-5555 and follow the prompts for eTAR.

NOTE: TARs will be deferred if attachments are not received within the time stated above.

[Continue](#)

In this tutorial, you will learn how to fax attachment(s) after submitting an eTAR. The Attachment Options page lists all options available for submitting an attachment.

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The Attachment Options page lists all options available for submitting an attachment.

Select **I will be faxing attachment(s) now** or **I will be faxing attachment(s) (within 8 hours)**.

If you select **I will be faxing attachment(s) now**, you must fax your attachments immediately after submitting the eTAR.

If you select **I will be faxing attachment(s) (within 8 hours)**, you must fax your attachments within eight hours of submitting your eTAR.

Attachment(s) Submission Option:

☐ I will be uploading attachment(s) now  
☐ I will be uploading attachment(s) (within 8 hours)  
☐ I will be faxing attachment(s) now  
☐ I will be faxing attachment(s) (within 8 hours)  
☐ I will be mailing attachment(s) (within 5 days)  
☐ I will not be submitting attachment(s)

FAX in California (877)270-8779

FAX outside of California (916)384-9000

IMPORTANT: You must ALWAYS use the TAR 3, Treatment Authorization Request (TAR) – Attachment Form as the FAX cover sheet when FAXing eTAR attachments.

To order additional TAR 3, Treatment Forms please call: (800) 541-5555 and

NOTE: TARs will be deferred if attachments are not received within the time stated above.

Click **Continue** to complete the eTAR process.

Continue

If required attachments are not received within the specified time, the eTAR will be deferred/denied.  
 If faxing attachments in California please dial (877) 270-8779.  
 If faxing attachments outside of California please dial (916) 384-9000.

If required attachments are not received within the specified time, the eTAR will be deferred/denied.

If faxing attachments in California please dial (877) 270-8779.

If faxing attachments outside of California please dial (916) 384-9000.

Click **Continue** to complete the eTAR process.

Thank You! Your TAR has been successfully submitted.

If you select **I will be faxing attachment(s) now** or **I will be faxing attachment(s) (within 8 hours)** a prompt will appear asking if you would like to print a *TAR 3 Attachment Form* for the attachment(s).

TAR #: 0400008276

Microsoft Internet Explorer

Click **Cancel** if you do not need to print the *TAR 3 Attachment Form*.

Click **OK** to complete and print a copy of the online *TAR 3 Attachment Form*.

OK Cancel

Recipient ID : 123456789 Patient Name : John Recipient

Confirm the information prior to printing the form to verify all information is correct.

If you select **I will be faxing attachment(s) now** or **I will be faxing attachment(s) (within 8 hours)** a prompt will appear asking if you would like to print a TAR 3 Attachment Form for the attachment(s).

Click **OK** to complete and print a copy of the online TAR 3 Attachment Form.

Click **Cancel** if you do not need to print the TAR 3 Attachment Form.

Confirm the information prior to printing the form to verify all information is correct.

**PART I: PROVIDER INFORMATION**

1 SUBMITTING PROVIDER # 2 PATIENT RECORD # 3 PROVIDER PHONE # 4 PROVIDER FAX #

5 PROVIDER NAME 6 PROVIDER STREET/MAILING ADDRESS 7 CITY 10 ON 13 OFF

**PART II: PATIENT INFORMATION**

14 MEDICAL IDENTIFICATION # 15 WIC

TO THE BEST OF MY KNOWLEDGE, THE ABOVE IS TRUE, ACCURATE, AND COMPLETE AND THE REQUESTED SERVICES ARE MEDICALLY INDICATED AND NECESSARY TO THE HEALTH OF THE PATIENT.

SIGNATURE OF PHYSICIAN OR PROVIDER DATE

Enter information in all other required fields before printing the online TAR 3 Attachment Form.  
If you have a paper supply of TAR 3 Attachment Forms you may use one instead of printing the online form.  
The online version of the TAR 3 Attachment Form has pre-populated fields that match the information entered on the submitted eTAR.

**Callouts:**

- The **Provider Fax #** field is pre-populated with the number 3 as a placeholder.
- If you have a fax number you would like to enter, delete the number 3 and type the fax number in the **Provider Fax #** field.
- If you do not have a fax number to enter, leave the number 3 in the **Provider Fax #** field.

Enter information in all other required fields before printing the online TAR 3 Attachment Form.

If you have a paper supply of TAR 3 Attachment Forms you may use one instead of printing the online form.

The online version of the *TAR 3 Attachment Form* has pre-populated fields that match the information entered on the submitted eTAR.

The **Provider Fax #** field is pre-populated with the number 3 as a placeholder.

If you have a fax number you would like to enter, delete the number 3 and type the fax number in the **Provider Fax #** field.

If you do not have a fax number to enter, leave the number 3 in the **Provider Fax #** field.

**PART I: PROVIDER INFORMATION**

1 SUBMITTING PROVIDER # 2 PATIENT RECORD # 3 PROVIDER PHONE # 4 PROVIDER FAX #

5 PROVIDER NAME 6 PROVIDER STREET/MAILING ADDRESS 7 CITY 10 ON 13 OFF

**Callouts:**

- Enter the submitting provider's Medi-Cal provider number in the **Submitting Provider #** field. This number must exactly match the information entered on the eTAR.
- Enter the submitting provider's telephone number in the **Provider Phone #** field.
- Enter the fax number where a response or acknowledgment can be sent in the **Provider Fax #** field.
- Enter the name of the submitting provider in the **Provider Name** field.

Whether you are completing the online or paper TAR 3 Attachment Form, the following fields are always required.

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Enter the submitting provider's Medi-Cal provider number in the **Submitting Provider #** field. This number must exactly match the information entered on the eTAR.

Enter the submitting provider's telephone number in the **Provider Phone #** field.

Enter the fax number where a response or acknowledgment can be sent in the **Provider Fax #** field. Enter the name of the submitting provider in the **Provider Name** field.

TREATMENT AUTHORIZATION REQUEST - ATTACHMENT FORM  
STATE OF CALIFORNIA DEPARTMENT OF HEALTH SERVICES  
INTERNAL CONTROL NUMBER - FILL IN ONLY  
CONFIDENTIAL PATIENT INFORMATION PLEASE TYPE INFORMATION

**3**

**PART I: PROVIDER INFORMATION**

Enter the submitting provider's street/mailing address in all appropriate fields.

1. PROVIDER NAME  
2. PROVIDER STREET/MAILING ADDRESS  
3. CITY  
4. STATE  
5. ZIP CODE  
6. PROVIDER CONTACT PHONE #

7. ORIGINAL TAR NUMBER  
8. 10-DIGIT TAR CONTROL NUMBER (TCN)  
9. RETRO DATE

Enter the 10-digit TAR Control Number (TCN) associated with the attachments being submitted in the **Original TAR Number** field. This number must exactly match the information entered on the eTAR.

Enter the submitting provider's street/mailing address in all appropriate fields.

Enter the 10-digit TAR Control Number (TCN) associated with the attachments being submitted in the **Original TAR Number** field. This number must exactly match the information entered on the eTAR.

**PART II: PATIENT INFORMATION**

10. MEDICAL IDENTIFICATION NUMBER  
11. PATIENT NAME LAST  
12. PATIENT NAME FIRST  
13. PATIENT NAME MIDDLE  
14. PATIENT'S AUTHORIZED REPRESENTATIVE (IF ANY)  
15. PATIENT'S AUTHORIZED REPRESENTATIVE LAST  
16. PATIENT'S AUTHORIZED REPRESENTATIVE FIRST  
17. PATIENT'S AUTHORIZED REPRESENTATIVE MIDDLE  
18. PATIENT'S AUTHORIZED REPRESENTATIVE PHONE #  
19. PATIENT'S AUTHORIZED REPRESENTATIVE SIGNATURE  
20. DATE OF BIRTH  
21. DATE OF SIGNATURE  
22. SIGNATURE OF PHYSICIAN OR PROVIDER  
23. DATE  
24. SIGNATURE OF PHYSICIAN OR PROVIDER  
25. DATE

Enter the Medi-Cal Identification Number submitted on the eTAR in the **Medi-Cal Identification Number** field. This number must exactly match the information entered on the eTAR.

Sign the attachment form in blue or black ink in the **Signature of Physician or Provider** field.

Enter the current date in the **Date** field (use mmddyyyy format).

NOTE: AUTHORIZATION DOES NOT GUARANTEE PROMPT PAYMENT. PAYMENT IS SUBJECT TO PATIENT'S ELIGIBILITY. BE SURE THE PATIENT'S ELIGIBILITY IS CURRENT BEFORE.

To order more forms, call the Telephone Service Center (TSC) at (800) 541-5555 and follow the prompts for eTAR. Use the *TAR 3 Attachment Form* as the cover sheet for all eTAR faxed attachments. Do not use any other cover sheet.

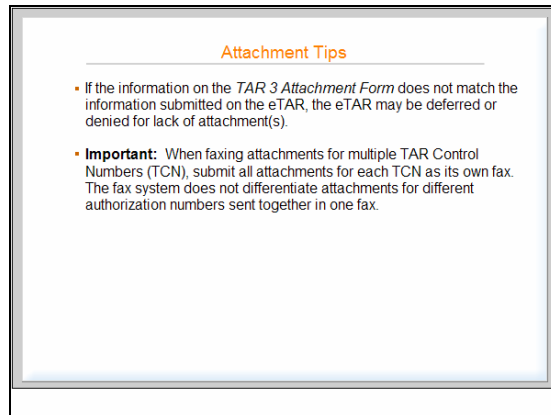
Enter the Medi-Cal Identification Number submitted on the eTAR in the **Medi-Cal Identification Number** field. This number must exactly match the information entered on the eTAR.

Sign the attachment form in blue or black ink in the **Signature of Physician or Provider** field.

Enter the current date in the **Date** field (use mmddyyyy format).

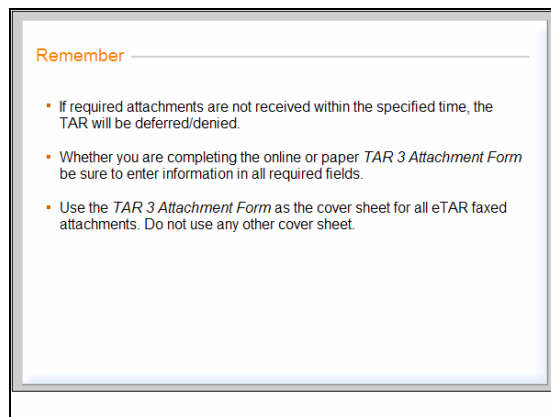
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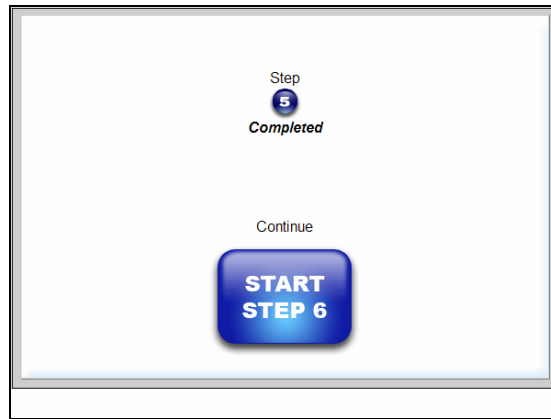
#### Attachment Tips

- If the information on the TAR 3 Attachment Form does not match the information submitted on the eTAR, the eTAR may be deferred or denied for lack of attachment(s).
- **Important:** When faxing attachments for multiple TAR Control Numbers (TCN), submit all attachments for each TCN as its own fax. The fax system does not differentiate attachments for different authorization numbers sent together in one fax.



#### Remember

- If required attachments are not received within the specified time, the TAR will be deferred/denied.
- Whether you are completing the online or paper *TAR 3 Attachment Form* be sure to enter information in all required fields.
- Use the *TAR 3 Attachment Form* as the cover sheet for all eTAR faxed attachments. Do not use any other cover sheet.



Step 5 - ***Completed***

Continue